Frequently Asked Questions of
Quality Management

Last Updated: August 2008

Category: Assessment

1	Do we have to do assessment updates? How frequently?
A	*The Outpatient Chart Manual states that the assessment is updated at any point if additional significant information becomes available and if the clinical picture changes significantly enough that the first assessment is not consistent with current treatment. This allows for clinical judgment and discretion. Of course, if a clients' living situation (e.g.-social support system), condition or presenting problems, mental status, treatment goals, or factors related to risk, change significantly, and an assessment update is not performed, regardless of timeframe, it would raise the question as to whether the existing assessment is consistent with the clients' current condition and treatment. In section III, Use Of Previous Assessments, it states that if an episode is opened and the previous Assessment (or similarly complete assessment from another facility) is less than two years old, an update may be done.*
2	Are we still using the Care Necessity Form?
A	*Yes.*
3	We have trainees in our agency, does the county require co-signature on their documentation?
A	*Yes.*
4	If the primary diagnosis is a rule-out or an NOS, does it have to be changed within 60 days?
A	*The primary diagnosis CANNOT be a rule-out. A rule-out can only exist in relation to a diagnosis which has been assigned. For example, a diagnosis of Major Depressive Disorder may be made, with a notation to "Rule Out Bipolar I Disorder." In that case, the primary diagnosis is Major Depressive Disorder, and a recommendation is being made to investigate the possibility that a more accurate diagnosis MAY BE Bipolar I Disorder—which hopefully will become clear once additional (longitudinal) information is available regarding the consumer. Rule-outs do not have to be changed within any specified time period. NOS diagnoses reflect cases in which criteria for specified diagnoses are not met—in other words, there are atypical features or combinations of features. NOS diagnoses are valid as primary diagnoses, and may never need to be changed if they continue to offer the best description of the consumer's clinical condition.*

Category: Billing

1	Can pre-licensed psychology interns bill for psychology testing?
A	*Yes. These services may only be provided under the direction of a licensed clinical psych. (ex. Testing provided by psych. Assistant, grad. Students, registered psych. Under the supervision of a lic. Clin. Psych.)*
2	Can I bill for completing the discharge summary?
A	*That is dependent on whether the service meets all relevant billable service criteria.*
3	Under what conditions can we bill for travel?
A	*When a provider travels to a destination to deliver a billable service to a beneficiary.*
4	Can we bill for excessive travel time, ie. 5 hours?
A	*Billing for travel is allowable when a provider travels to a destination to deliver a billable service to a beneficiary.*
5	Can staff bill for assisting clients with disability forms?
A	*No. Per State DMH staff may not bill for gathering information to complete disability forms.*
6	When we are transporting a client, is it then permissible to bill for the time transporting the client (ie. Driving client to appointments/services…)
A	*Transporting a client is not billable to Medi-Cal.*
7	Can we bill for helping a client obtain a California Driver's License or a birth certificate?
A	*No. There would be no direct connection between this service and the consumer's mental health condition/impairment.*
8	When we are reporting child abuse to CPS, we have been billing case management linkage and consultation. Should we now be billing CPS reports under unbillable service codes?
A	*Reporting child abuse is not a billable service.*

Category: Certification

1	Where do I start if I want to get our agency certified?
A	*Contact your Regional Program Manager.*
2	What is the height cabinets and shelves have to be in order to require securing/bolting down?
A	*5 feet*
3	How long are certifications good for?
A	*Three years.*
4	Are fire clearances only good for one year?
A	*The fire clearance is good for the period of time determined by the local fire code.*
5	Who is responsible for keeping up on the fire clearance?
A	*The provider.*
6	We need a reporting unit number in order to bill for services rendered, where do we get that?

A	*The provider certification packet includes a reporting unit set-up form.*
7	Could the recertification date be the date of the fire clearance, with pending site visits by QM?
A	*The date of the QM site visit is the date of re-certification.*
8	Can Medi-Cal be billed pending the site visit by QM for recertification?
A	*The state contract states that… " the contractor may allow an organizational provider to continue delivering covered services to beneficiaries at a site subject to on site review as part of the re-certification process prior to the date of the on site review, provided the site is operational and has any required fire clearances." Reference MHP Contract Number 06-76046-000.*
9	Which policy in the Chart Documentation Manual relates to the need for the clinician or team to coordinate with the psychiatrist when there is a difference in diagnosis?
A	*Reference Chart Documentation Manual CH 2-5.5, "Service Team Action" There is no specific reference to a psychiatrist in this policy, the purpose states "ID notes must both communicate with others who may need to take care of the client, (coordination of care) and the document what every provider has done so those paying for the services will be convinced that appropriate and needed services were delivered."*

Category: Chart & Site Review

1	**Which policy in the Chart Documentation Manual relates to the need for the clinician or team to coordinate with the psychiatrist when there is a difference in diagnosis?**
A	*Reference Chart Documentation Manual CH 2-5.5, "Service Team Action" There is no specific reference to a psychiatrist in this policy, the purpose states "ID notes must both communicate with others who may need to take care of the client, (coordination of care) and the document what every provider has done so those paying for the services will be convinced that appropriate and needed services were delivered."*

Category: Chart Data Invoices

1	If the Charge Data Correction Invoice (CDI) form is in the chart or presented during the audit would there be a disallowance?
A	*The protocol for the QM team is to follow up with and contact the fiscal department to verify that charges (CDIs) have been backed out as reported).*
2	What is the correct way to complete the CDI for transporting a client to appointment/services etc.?
A	*Non-billable travel time for client purposes or other purposes is "406".*

Category: Medical Necessity

1	Is there a limit on how many times per week we can see clients?
A	*No*
2	How do we document if we see a client more than once per week?
A	*If this is an increase from normal frequency, the progress note should justify via medical necessity the need for increased frequency. If the planned frequency of services needs to be increased the client plan needs to be revised accordingly.*

Category: Opening & Closing Cases

1	Do you need to use the same "legal status" code for opening and closing cases?
A	*Regarding the episode opening form and "legal status", the instruction is included with our online form, which indicates "different codes can be identified at time of opening and then at time of closing." Refer to "opening and closing codes" document.*

Category: Progress Notes

1	What is the procedure for continuing a progress note on a second page?
A	*Section 2-7.1 (N) of the chart manual states: "If a note is continued from one page to the next, write "continued" at the bottom of the first page and sign it, and write the date and "continued" at the top of the new page."*
2	Can we document on double sided paper when completing our progress note; does each progress note have to be on a separate sheet of paper?
A	*Please use a separate sheet of paper for each progress note.*
3	Do we have to put our professional title after our signature?
A	*You should have your license (LMFT, LCSW) etc. or if not licensed, highest attained degree (in the case of MFT intern, "intern" must be spelled out).*
4	If staff does not complete a progress note/pink note the day the service was provided, can it be done the next day under Plan Development?
A	*"Notes should be written no later than the next day and filed in the chart no later than 72 hours after the service." Reference Chart Documentation Manual CH 2-7.1 and CH 11-2.1*

Category: Client Plan

1	Does the client plan need to be replaced or updated as other goals are developed or met before the anniversary date.

A	*Yes.*
2	On the Client Plan, is it allow[able] to put “PRN” (as needed)?
A	*It may be used adjunctive to a more specific frequency. For example 1x per week / or PRN.*
3	Can anyone write an MSS goal?
A	*Even if a non-physician “crafts” an MSS goal or other component of the Client Plan, the physician must indicate approval by signing the Plan.*